

FROM MCANDREWS, HELD, &amp; MALLOY

(TUE) 11. 22' 05 15:06/ST. 15:05/NO. 4861050101 P 2

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571) 273-2885**

NOV 22 2005

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. **For** **transmission** including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23446 7590 03/24/2005

**MCANDREWS HELD & MALLOY, LTD**  
**500 WEST MADISON STREET**  
**SUITE 3400**  
**CHICAGO, IL 60661**

11/23/2005 TBESHAH2 00000037 130017 09943980

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**VIA FACSIMILE****Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>Joseph M. Barich</b>	(Depositor's name)
<i>Joseph M. Barich</i>	(Signature)
<b>Nov 22, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/943,980	08/31/2001	Thomas E. Ryan	12476US01	1580

TITLE OF INVENTION: COMMUNICATION MULTISTAGE SWITCHING TECHNIQUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAH, CHIRAG G	2664	370-367000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **McAndrews, Held & Malloy, Ltd.**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Tellabs Operations, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Naperville, IL**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **13-0017** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Joseph M. Barich*

Date

**Nov 22, 2005**

Typed or printed name

**Joseph M. Barich**

Registration No.

**42,291**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FROM McANDREWS, HELD, & MALLOY

(TUE) 11. 22' 05 15:06/ST. 15:05/NO. 4861050101 P 1



MCANDREWS, HELD & MALLOY  
34TH FLOOR  
500 WEST MADISON STREET  
CHICAGO, ILLINOIS 60661

**ARO PLEASE DELIVER RETURN RECEIPT TO  
Kristine K. Martin**

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

## Certificate of Transmission under 37 CFR 1.8

### CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: U.S. Patent and Trademark Office

FAX NO.: (571) 273-2885

FROM: Joseph M. Barich

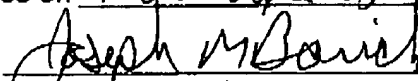
USER ID: 8077/kkm

CLIENT: 1021

MATTER: 12476US01

Number of Pages This Transmission (Including Cover Page): 2

I hereby certify that the attached Issue Fee Transmittal is being facsimile transmitted to the United States Patent and Trademark Office on Nov 22, 2005

  
Joseph M. Barich  
Reg. No. 42,291

*If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.*